RESERVED

ARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritistay 2 1996	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11264
infor- state	1. PLACE OF DEATH	(D)
should of	County Carreline	Registration Dist. No.
of she mile	Village or City Henderson,	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
200 7	(a)	ds. How long In U.S. if of foreign birth?yrsmosd
Eve CIA eme	2. FULL NAME Charles P. Congell	If U. S. Veteran, specify WAR Spaceal Ameri
COMD. Every PHYSICIANS oct statement	(a) Residence: No. Aerders by May 17 17 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
4 X Int	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NT RECC LY. PH.	3. SEX 4. COLOR OR RACE OR DIVORCED (*write the word)  Male  While  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
DING ACT Ssifted	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecu Congell,	22. I HEREBY CERTIFY. That sttended deceased tro
	6. DATE OF BIRTH (month, day, and year) april 28, 1880	I last saw believe on 1926 death is sa
P4 - 85	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
FOR IS A stated proper ertific	J-6 6 /6   1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of ones
- 70	8. Trade, profession, or particular kind of work done, es SPINNER, Farmer's SAWYER, BOOKKEPER, etc.	Marchal Stemant and that
RVE CTH ould may back	9. Industry or business in which work was done, as SILK MILL,	- Comment from the first
	SAW MILL BANK, etc.	
RESE NG INI AGE sl that it ons on	10. Date deceased last worked et this occupation (month end year) 11. Total time (years) spent in this occupation occupation	
N A L oi	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
RGIN NFADI plied. rms, so nstruct	(State or country) Delaware	Gy Junious Ommons
4:	13. NAME PALMEN Congell,  14. BIRTHPLACE (city or town)  (State or country)	
T -= 10	(State or country)	Name of operation Date of Was there an autopsy?
	15. MAIDEN NAME Que &. Stodwin	23. If death was due to external causes (VIOLENCE) fill In also the following:
IN.TY, WI be carefu EATH in 1	15. MAIOEN NAME Quiud & Sodwins  16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide? Date of Injury, 19
AINLY, id be can DEATH	(State or country) Ma	Where dld injury occur? (Specify city or town, county and State)
	17. INFORMANT MID: Output Conference (Address) Henderson Mid	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
-WRITE mation s CAUSE TION is	Place MI Clerk Del Date MT, 1936	Nature of injury
-WRIT mation CAUSI	19. UNOERTAKER R. Bp Rawlings,	24. Was disease or injury in any way releted to occupation of deceased?
B. No.	(Address) Suus boto Ma	If so, specify
si zi	20. FILED Lf 19 La La Caralla Registrar.	(Signed) M. (Address) AMAD JOUNG

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
D.	1010	Attack of epilepsy	1 week ago
Construct homeometrics UEC 5	1921	Run over by street car	1 week ago
Cereoral nemorrhage	July 5, 1927	Peritonitis	3 days ago
PEALLY. 8.	907		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No. 63	
h1	
NOSt., occurred in a hospital or institution, give its NAME instead of street and nods. How long In U.S. if of foreign birth?yrsmos	
If U. S. Veteran, specify WAR	*********
st Ward.	
ff nonresident give city or town and S	tate
MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH	
Nov. 24, (Oey)	193 <u>6</u> (Year)
I HEREBY CERTIFY, Thet i attended de	eceased from
, 19, to	19
st saw h alive on	•
nave occurred on the date stated above, at Rorly on mithe morning	
PRINCIPAL CAUSE OF DEATH and releted causes of Importence e as Iollows:	y.
Preumonia ? I was colled	Date of onset
this manhine to agertain it may	
as dead + Found him dead or Ibelieve	
dies of the above date. saw	
4 11/25/86 Believe ha hour been over 84 out	
er Contributory Causes of importance: Preumonia. not know roncha or labar in type. No attending.	n whother
/ Sunt to a salar and a successful a successful	Physic
sole symptoms of a cold, from 8 or 9 du	esia. Ilo
ne of operation Date of	
at test confirmed diagnosis? Was there en au	Open 2 Mat
death was due to external causes (VIOLENCE) fill in also the Iollowing:	topsy:_eco_e
ident, suicide, or homicide?	10
erg did injury occur?	, 19
(Specify city or town, county and State)  (Specify city or town, county and State)  City what yer injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  OF THE PROPERTY OF THE PUBLIC PLACE  OF TH	
CHAPTER INJURY OCCURRED IN INDUSTRY, IN HOME, or In PUBLIC PLAC	E.
ner ol injury	
ure of Injury	
es disease or injury in any way related to occupation of deceesed?	Vo
o, specify	
(Signed) Harry 13 Munue	M. O.
(Address) Present Marywell	
I Ci I C P. L. P	

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage DEC 7 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RESPEAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	F DEATH			Registration Dist. No.	63	
Village or C	City Preston		(if	No. St., We death occurred in a horbital or institution, give its NAME instead of steep and number)		
				How long in U. S. if of foreign birth?yrs If U. S. Veteran, specify WAR		
(a) Residen	ce: No. Near	Prestor (Usual place	Md.	St., Ward.  If nonresident give city or to		
PERSON	IAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEA	ATH	
3. SEX Mule	OR DIVORCED (write the word)		21. DATE OF DEATH  November 10  (Month) (Day)	, 193 le (Year)		
5a. If married, widow HUSBAND of (or) WIFE of 6. DATE OF BIRTH (	(month, dey, end year)	ruqust q		22. I HEREBY CERTIFY, That to  JOUST 1996, to Nevember  t test saw h Jun ative on 6 15	10 ,1936	
T. AUL 100	3	Days	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH and releted causes of tmportan were as follows:		
8. Trade, profes	ssion, or perticular vork done, as SPINNER, BOOKKEEPER, etc	N		Congenttol Syphelis		
9, tndustry or	business in which s done, as StLK MILL, .L, BANK, etc	'°7<				
tilla occu	ed lest worked at pation (month and	spe	ime (years) nt in this upetion			
12. BIRTHPLACE (city or town) Preston Murgland (State or country)		Other Contributory Causes of importence:				
œ 12 mans	Jumes Luther	France				
13. NAME 14. BIRTHPLACE	CHALLE WALLEN					

MOTHER

16. BIRTHPLACE (city or town). (State or country)

Medford Green (Address)

18. BURIAL, CREMATION, OR REMOVAL

Pleasant

Medford Green 19. UNDERTAKER (Address) Preston 20. FILED NOV . 10 , 19 36

If so, specify

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Dete of injury.

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

I saw the child a worker on 10/15/36 of took a Wassermann on the Mother, it was
strangly poor wive Child showed all Clinical signs OF Congentral
styphilis I referred the child amount to Fartan to the Unereal Clinica
Bothe Mother a Child have not at the date 3 injection. Child receased
Suppher sphenamer. Records at the 13th thety Devotors

į.	ا د د	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1/268
infor	sta UP/	1. PLACE OF DEATH	82-0
TAN "		County Carolina	Registration Dist. No. 60
	should of	Village or City Mary lel. M. W.	No. St., Ward
.=	S S	Length of residence In city or town where death occurred 15.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
	CIANS	2. FULL NAME Charles	
$(I)^{\mu}$		(a) Residence: No.	St Ward.
	PHYSI ict stat	(Usual place of abode)	If nonresident give city or town and State
S E	Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The A	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	3. SEX  1. SOLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OF TRYORCED (write the word)	21. DATE OF DEATH  (Month)  (Pay)  (Year)
DINC	A C T	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marka Alackette	1 HEREBY SERTIFY, Wat I attended deceased seom
BINE	E X	6. DATE OF BIRTH (month, day, and year)	I last saw half five on 0/0/ 19 ; death is said
Δ.		7. AGE Years Months Days If LESS than	to have occurred on the date stated above atm.
FOR	stated properl	33	The PRINCIPAL CAUSE OF DEATH and related oduses of importance were as follows:
- 74	be so for of ce	8. Trade, profession, or profession of profession of work done seem NEB Walter Sawyer, BODKING	Lewal Hemoulique /15.
国 出		9. Industry or business in which	
SR	should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED	- to	10. Date deceased last worked at this occupation to which and the companion to which and the companion to th	
2	AG th tion	12. BIRTHPLACE (city or town)	Other Captributory Causes of Importance:
MARGIN	pplied. AGF erms, so tha instructions	(State or country)	Expansion 11-3
IRC NE	pplie erm inst	II 13. NAME IT IN ACLEUT	
MA	sup in to See	4. BIRTHPLACE (city or town)	Name of operation Date of
	1 2 2	(Out of south)	What test confirmed diagnosis? Was there an autopsy?
	be carefully EATH in pla important.	15. MAIDEN RANGE STORY CARRIED	23. If death was due to external causes (VIOLENCE) fill in also the following:
<b>*</b>	ca TTH por	16. BIRTHPLACE (city of town) (State or country)	Accident, suicide, or homicide?
	odiversity of the call of the	17. INFORMALY SULVING HARACHELL	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
0	should OF D	18. BURIAL CREMATION, OF REMOVAL	Manner of Injury
1444	₩ .#	1500 JUN 3000 1 16,19 1	Nature of injury
1 WPT	mation a CAUSE TION is	19. UNDERTAKER AM	24. Was disease or injury In any way related to occupation of deceased?
		(Address) / Helped Olasy De.	If so, specify
V. S. No.	(1)	20. FILED / 1/3/3/19 als miles	(Signed) O O O O O O O
> 4		Registrar.	(Address)
		A) more viants are needed, address State Registrar,	zarr iv. Chanco direct, Dammore, Requesting O. S. Ivo. 1.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Puly 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FO	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

RECO

FOR BINDING

MARGIN RESERVED

WITH UNFADING INK-THIS IS A PERMANENT

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

N. B.—WRITE PLAINEY

V. S. No. 1

Exact statement of OCCUPA-

...D. Every item of infor-

1. PLACE OF DEATH  County Caroline	Registration Dist. No. 64
Village or City Treas Dentar	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Balley Funes Virginia  (a) Residence: No. (Juna place of abode)	St., Ward.  If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
K. SEX A. COLOR OR RACE Colleged S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from Novemb / 1936 to Nov. 2 / 1936
AGE Years Months Des If LESS than 1 day,	I last saw h. 2 V alive on Moreur 20, 1936; death is sal to have occurred on the date stated above, at
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and spent in this occupation (month and spent in this occupation).	Branchiles 10-25-30  Jetany M-15-30
10. Date deceased last worked et this occupation (month and year)  11. Total time (years) spent in this occupation  12. BIRTHPLACE (city or town) Leas Deulan  (State or country)	Other Cantributary Causes of importance:
13. NAME Cloura Prince  14. BIRTHPLACE (city or town) Zelar Deuton  (State or country) Mary Long	Name of operation Pate of Pate of What test confirmed diagnosis? Lumial furwas they an eutopsy? W
15. MAIDEN NAME (Clever Libbs) 16. BIRTHPLACE (city or town)	23. If deeth was due to external ceuses (VIOLENCE) \$11 in elso the following:  Accident, suicide, or homicide?
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place 200 Cellopel Date 2, 19.36	Menner of injury
19. UNDERTAKER Se Zingel Moore (Address) A Deuten Miles	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Nov. 2/", 1936 Souris Registrar.	(Signed) M. (Address) M. (Address) M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis C C C C C	1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 2	July 5,1927	Peritonitis	3 days ago
BURFALLY S			
Other contributory causes of importance:	-7-6	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	
County Caroline	Registration Dist. No. 64
Village or City R. J.D. Lederalsburg	No. St., Ward
Length of rapidence in city or town where death accurred 2 we	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foralgn birth?yrsmosds.
The state of the s	
2. FULL NAME / Magarele O. Norpremo	If U. S. Veteran, specify WAR.
(a) Residence: No. Federal strung MA R.F.D. (Usual place of abode)	St., Ward.  If nonesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Thile	21. DATE OF DEATH / / 3 193.6
5a. If marriad, widowad, or divorced	(Month) (Dey) (Year)
(or) WIFE of John M Hopkins	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yaer) Nov 17 1846	Hest saw he alive on 11/ 2/19 36 deeth is seld
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at
89 11 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and this propagation (month and spend last his propagation).	Date of onset
9. Industry or business in which work was dona, as SILK MILL,	Coselve Hernochye 12/2/
SAW MILL, BANK, etc.	
O 10. Date deceased last worked et this occupation (month and year) spent in this pccupation	
	Other Contributory Causes of Importenca:
12. BIRTHPLACE (city or town)	
E	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What tast confirmed diagnosis? Was there an eutopsy?
E TOURS	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
State or country)	Accident, sulcide, or homicide?
Allet 1.00	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT COOKE STUDIES	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mardelag Md. Date Nov 5, 1936	Neture of Injury
21. A) Shanna VR.	24. Was disease or injury in any wey related to occupation of deceased? 200
19. UNDERTAKER DI VIOLOTA PERCENTATION MA	If so, specify
7/ 1/ 2/ = = = 0+	(Signed) Out 18 Marst 40
20. FILED / Ox. 4 , 1900 D. D. Trans	(Address) Le des ale Ang Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example			Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DZ	0 3	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	EAU V. S	July 5,1927	Peritonitis	3 days ago
Language of the state of the st				
Other contributory causes of impo	rtance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
Section 1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			
County Caryline			Registration Dist. No. 4/
Village or City Length of residence in city or town wher	e daath occurred 13		NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Fredre	111	ronque.	If U. S. Veteran, specify WAR
(a) Residence: No. Arely	(Usual place		St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE While	OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH  Worth (5, 193.6, (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Whenda	A. mon	ural.	22. I HEREBY CERTIFY, That i attanded daceased from
6. DATE OF BIRTH (month, day, and year)	Name 9,1	1881	I last saw h alive on, 19; daath Is salo
7. AGE Yaars Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance warg as follows:  Data of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date daceased last worked at this occupation (month and year)			date about 10 clock P.m.
			Other Contributory Canes of importance:
12. BIRTHPLACE (city or town)  (Stata or country)	et Ving.	und !	
13. NAME Killy m	ourse 4		
13. NAME Rilly  14. BIRTHPLACE (city or town)  (Stata or country)	at Vu	gud.	Name of operation Data of Was there an autopsy?
15. MAIDEN NAME ameli	a mar	Dec.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Amelia Marther  16. BIRTHPLACE (city or town)  (State or country)  West Vingues			Accident, suicide, or homicide? Mule de Date of Injury - 15, 19 3 6  Where did injury occur? Treens of Coroline Courty 7
17. INFORMANT TWWS. P. E. Jay Lord (Addrass) Dundalk That,			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
Place Place Market Madate Nov. 19, 19.36			Manner of injury hanging himself volunton
19. UNDERTAKER (X (B) 18 awlungs (Addrass) Sieus bero md.			24. Was diseasa or injury in any way related to occupation of decaased?
20. FILED Nov. 19, 136 L. Mast Pipin			(Signed) Walter Walburger M. O. (Address) Lieundhood for Cart Corone
If mo	re blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

stated EXACTLY. PHYSICIANS should state

WITH UNFADING INK-THIS IS A PERMANENT RECORD.

AGE should be

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

GAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 weck ago
1921	Run over by street car	1 week ago
July 5, 1927	Perioditis _	3 days ago
N DE		
	Other contributory causes of importance:	
Way P.1025	Gastroenteritis	1 year
	and the state of t	
	1915 1921 July 5, 1929	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Tuly 5, 1927 Peritoritis  Other contributory causes of importance:

should state of OCCUPA-Every item of infor-PHYSICIANS Exact statement stated EXACTLY. IS A PERMANENT properly classified. See instructions on back of certificate. TH UNFADING INK-THIS be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.-WRITE PLA ż

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	9370)
county aroline	Registration Dist. No. 62
Village or City near Hickman	NoSt.,Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Mailla a nobl	If U.S. Veteran specify WAR.
	Value 1 a a a a a a a a a a a a a a a a a a
(a) Residence: No. M. Forma Much Yukhn (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1100. 29 193.6 (Month) (Day) (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Leb 7 mobble	22. I HEREBY CERTIEY, That I attanded deceased from 1929, to 1000. 29 1936
6. DATE OF BERTH (month, day, and year) Ofil 28 7 61	I last saw h fer alive on 200. 27 1936; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2. Am.
/3 7 7 1 1 1 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Horse Wife SAWYER, BDOKKEEPER, etc.	
kind of work dona, as SPINNER, Corre Wife, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at touch this occupation (month and	Chrone Myseardites 1929
f 0. Data deceased last worked at though this occupation (month and fear ag spent in this occupation	
12. BIRTHPLACE (city or town) Sel aware	Dthar Contributory Causes of Importance:
(Stata or country)	
# 13. NAME Eli Wrolen	
13. NAME Cole Wooden  14. BIRTHPLACE (city or town). Don't known	Name of operation
Spare or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MATDEN NAME	23. If death was dua to axternal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME COLOSCOTA  16. BIRTHPLACE (city or town) Ann Rustur  (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Having Lon Sol	Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
t8. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Concord and Date Dec 2 , 1936	Nature of Injury
19. UNDERTAKER LOW adams	24. Was disease or injury in any way related to occupation of decaasad? "10"
(Addrass) R & Federals forms ma	If so, specify I former formers
20. FILED 11- 30 , 1936/M A & Text	(Signed) M. D. (Address) M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	lacer.	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUGEAU V. S	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state b. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-IS A PERMANENT TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be -WRITE PLAINEY, N. B.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11274
1. PLACE OF DEATH	94P) (N)
County Carolines	Registration Dist. No. 64
Village or City Flederburg, Md	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the hospital of institution, give
2. FULL NAME Ulyush O'Bier	If U. S. Veteran, specify WAR
(a) Residence: No. Near Season d Sel	st, R. F. D Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wite the word)	21. DATE OF DEATH None 12 = 100 (4
Yould Wille Wadowide	(Month) (Oay) (Tear)
HUSBAND of Mary 8. Obier (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from 12, 19 3 6
DATE OF BIRTH (month, day, end year) agrie 29 1872	I last sew h 1 10 alive on 2001 2 19 5 6; death is sai
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
64 6 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	f
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Cornary Turmboses 1/12/3
kind of work done, es SPINNER, SAWYER, BDDKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this occupation).	
10. Date deceased last worked at 11. Total time (yeers)	
this occupation (month and year) Novi 12 = 1936 spent in this occupation 449	Other Control of the
2, BIRTHPLACE (city or town) Delawa	Dther Contributary Causes of Importance:
(State or country)	
13. NAME Agustus Co. Obier	/
13. NAME Agustus to Oberen  14. BIRTHPLACE (city or town) A elaware	Name of operation Dete of
(State of Country)	What test confirmed diegnosis? The second se
15. MAIDEN NAME / CONSY O. Walliams	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT STATES	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Scaford, Rel. R.F.D.  8. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place Seather Md Date 100. 10, 1986	Nature of Injury
M. Lante to & Some	24. Was dicease or injury in any way related to occupation of deceased? 200
19. UNDERTAKER (Address) (Address) (Address)	If so, specify

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritips 3 1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

my month

BINDING

FOR

RESERVED

MARGIN

н ,1.	1275		
19			
. No. 67			
St., tead of street and o	Ward umber)		
yrsmo	sds.		
city or town and	State		
F DEATH	Jace		
0 101			
(Oay)	(Year)		
That I attended d	leceased from		
1 ,1936	; death is sald		
m.			
importance	Date of onset		
	19251		
Oate of			
_ Was there an au			
also the following:			
of Injury	, 19		
e, county and State) or In PUBLIC PLACE.			
of deceased?	200		
wolls	M. O.		
n m	1		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE WAR S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11276
1. PLACE OF DEATH	
County Carupue	Registration Dist. No. 6/
Village or City Areas toro	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	death occurred in a nospital or institution, give its INAIME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Olies M. Roy	If U. S. Veteran, specify WAR
(a) Residence: No. Seems for (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, dey, and year) Way 7, 1935	I last saw h alive on, 19; deeth is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 11.30 ft.m.
7 28 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Epidemic conferor spend morningetian and
9. Industry or business In which work was done, as SILK MILL,	
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data decaasad last worked at this occupation (month end year)  occupation	no inquit necessary
	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME Marahare Roy.	
13. NAME Marshare Roy ,  14. BIRTHPLACE (city or town) Strends and ,	Name of operation Dete of Was there an autopsy?
15. MAIDEN NAME Mary H Stream.	23. If daeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary H Areau.  16. BIRTHPLACE (city or town)  (State or country)  Easlow Md.	Accident, suicide, or homicide?
17. INFORMANT Marchael Roy, (Address) There from mod:	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Near Securition months are 1 , 19.36	Menner of Injury
19. UNDERTAKER R' Bi Raylungo! (Address) Saieus bus End.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Mor. 30, 136 L. Man Pepper	(Signed) Walter Costlebuge of Colour

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example L		Example II		
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 9 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	itis DLC 3 100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU Y. S.	July 5,1927	Peritonilis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 m

STATE OF M	MARYLAND-	CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	———
County Carrier	Registration Dist. No. 63
Village or City Preston	No. St. Ward
the (If	death occurred in a horpital or institution, give its NAME instead of street and number)
1.('nn' V	. 00 00
2. FULL NAME Games William Tu	S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., V Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Now (Bay) (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dacaasad from
6. DATE OF BIRTH (month, day, and year) Qui 1936 7. AGE Years Months Days If LESS than	I last saw h aliva on 19 3 daath Is sald to have occurred on the date stated ebove, at H 20 A.m.
7   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date dacased last worked at this occupation (month and yaar)  12. BIRTHPLACE (city or town)  (Stata or country)	Junels Pruruing 753
13. NAME James William Russell 14. BIRTHPLACE (city or town). Occornace Co.  (State or country)	Nama of operation . Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary & Telever  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIDLENCE) fill In also the following:  Accident, suicida, or homicide?
17. INFORMANT James William Russell. (Addrass) Preston. And.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Placa Journs, Ned, Centery Data Nov. 17th, 1936	Manner of injury
19. UNDERTAKER J. J. Tramptom & Son. (Addrass) Federals bung Md	24. Was disaase or injury in any way ralated to occupation of decaased? W
20. FILED / 12. 1936 bhan B. Hames	(Signad) (Address) Address And Constant

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	0		
	1		

stated EXACTLY. PHYSICIANS should state Exact statement IS A PERMANENT REC properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAINLY

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	
County Coroline	Registration Dist. No. 4/
Village or City Screens boro,	NoSt., Ward
A ()	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
Alan Santa I	yis. In the least of the l
2. FULL NAME VINE COMPANY SAND	
(a) Residence: No. (Usual place of abode)	St., Ward.  If U.S. Veteran specify Warmenders give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Wale  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Wav /0 ,193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mus Liggie Seward.	22. I HEREBY CERTIFY, That I attended decessed from 1936, to 19
6. DATE OF BIRTH (month, day, end year) april 16-, 1865-	I lest saw h alive on 19 : death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at
7/ 6 2.5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, Sawyer, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, Sakw Hill, Bakk, etc.  10. Date deceased last worked at this occupation (month end yeer) Spent in this occupation (month end yeer) Spent in this occupation (State or country)	The lease and and the total parsonally Other Contributory Causes of Importance: by Shyucian.
13. NAME William Sewand	
13. NAME William Surand  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME amanda Suwond  16. BIRTHPLACE (city or town)  (State or country)  Mod:	23. If death was due to externel causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Mrs. Clywhich B. Surand (Address) Greens buro mid;	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL Place Sciens but 2nd Date 100, 13, 1936	Manner of Injury
19. UNDERTAKER R' B. Rawfurgo	24. Wes disease or Injury in any way related to occupation of deceased? Re
20. FILED Mar. 13, 1036, L. Mad Pippin	(Signed) (Address) Freuestow Mel

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Example I	l l	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cereorat hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	y item of infor- IS should state at of OCCUPA.
	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MARGIN RESERVED FOR BINDING	S IS A PERMANE stated EXACT properly classifie
IN RESERVE	—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
MARG	LY, WYTH UNF, carefully supplie TH in plain terms portant. See insti
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOAD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

SIAIL OF MARYLAND—  1. PLACE OF DEATH	-CERTIFICATE OF DEATH 11279
County Caroline !	Registration Dist. No. 62
Village or City Zees Deuton	NoSt., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foraign birth?yrsmosds
2. FULL NAME Xillian Streetze	If U. S. Veteran, specify WAR
(a) Residence: No. ii. Leas Deutstu (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ferrale 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced  HUSBAND of (or) WIFE of Paul Alutge	I HEREBY CERTIFY That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Tuan. 17 1868	I last saw hand alive on TIM ( , 19 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
8. Trade, profession, or particular	were 3 follows: Oursease ( Letter Date of onset
sawyer, BDOKKEEPER, etc. at Come on fe	ara.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	
ID. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importanca:
13. NAME Carroll	
13. NAME Carrall  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 20 duta	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Merican Studye (Address) Sreensboro	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Personal Date 19, 19, 30	Manner of Injury
19. UNDERTAKER & Virgil Morre	24. Was disease or injury In thy way related to occupation of deceased?
20. FILED 11-19, 19 36 Con 100 Gescry Registrar.	(Signed) MM (Address) MM (Address) MM (Address)
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

Date of onset

(Day)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signed).

STATE OF MARYLAND—CERTIFICATE OF DEATH

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

į.	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. . Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate. -WRITE PLAINEY, B. ż

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0
County Caroline	Registration Dist. No. 62
Village or City Decetors	NoSt.,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foralgn birth?yrsmosds
2. FULL NAME ON William Sun	If U. S. Veteran, specify WAR
(a) Residence: No. Westew	Seese Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Queue Secuelle	1 HEREBY CERTIFY That I attended deceased for
1 1 11/11	1 16 to 114 6 19
5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the date stated above, at
74 3 78 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	word of follows: Date of once
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc	Mishel Regurantalian
9. Industry or business in which work was done, as SILK MILL,	
skind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at this occuration (month and	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:
(Stata or country)	
13. NAME Haralis Swith  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Prances Barnes	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Practices Barries  16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide?
7. INFORMANT Mess aurie Swith	Whare did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL  Place   Sellows Date   193	Manner of injury
19. UNDERTAKER J. / U. Zuovr	Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED 11-27, 1936 /2 40 Jeng Registrar.	(Signad) Afflew Man Man M. I
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 7 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــــــــــــــــــــــــــــــــــ		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-  1. PLACE OF DEATH	93.70
County Caroline	Registration Dist. No.
	No Ward (Il death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 32 yrsm	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Carrie L. Jurney.	If U. S. Veteran, specify WAR
(a) Residence: No. Sreams (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word) Warned	21. DATE OF DEATH Nov 3
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of Cor) WIFE of Janus Turner	22. I HEREBY CERTIFY That I attended deceased from 13 1936, to 100 2 1936
6. DATE OF BIRTH (month, day, end year) March 10-1874	I last saw her alive on how 2 ,1936; deeth is seld
7. AGE Kedrs Months Days If LESS than I day,hr	THE PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	Were es follows:
S. Hale, profession, or particular, and the second of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and, and	Multiple Muritis
10. Date deceapation (month end 930 spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Capers of Importance:
(State or country)	- Thomas Mystarder
14. BIRTHPLACE (city or town)	Name of operation 110 1100 Date of
(State of country)	What test confirmed diagnosis? Olinical Wes there an eutopsy?
15. MAIDEN NAME Marsha Harring lon	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Martha Harring lose 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide7
17. INFORMANT James Junes.	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fulls bus Md,	
18. BURIAL, CREMATION, OR REMOVAL  Place Traces bus malpate Note 6 ,193.	Menner of Injury
19. UNDERTAKER R. B. Ranguego (Address) A Greens Trans	24. Was disease or Injury in any war related to occupation of deceased? Mo
20. FILED 1 3/3/ acsmit	(Signed) Assay Stoneyge M. D
Registrar.	(Address) Therese (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
STEERU V. S.			14
Other contributory causes of importance:		Other contributory causes of importance:	4 3
Gallstones	May 1,1923	Gastroenteritis	1 year
v			

should state

B.—WRITE PLAI

# STATE OF MARYLAND-CERTIFICATE OF DEATH

3	1	()	6	0	)
1	1	6	(3)	7	5

	1. PLACE O	F DEA	TH			183
	County	ua:	roline.			Registration Dist. No. 63
					(1)	on Non The Choptank River st., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of re	idence in ci	ity or town where	death occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
	2. FULL NA	ME	Unknow			
20000	(a) Reside	nce: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
	PERSO	VAL AN	ID STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	sex Male		colored	5. SINGLE, MARI OR DIVORCEI Unky	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  (Month) (Oay) (Year)
5 <b>a</b>	. If mairied, wide HUSBAND of	wed, or divo	orced Un	known		
	(or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from
6	DATE OF BIRTH	(month day	v and voar)	Unknown		I last saw h alive on, 19; death is said
-		unkn	Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, at
z	8. Trade, profe	ession, or na	articular		ormin.	were as follows:  This man was found drowned Date of onset
OCCUPATION			as SPINNER, PER, etc	Unknown	1	in the Choptank River at
JPA	9. Industry or work wa	business in is done, as S	n which SILK MILL, etc			Herring Town about 11:50 A.M.
S	-10. Oate decea	sed last wor	rked at	11. Total ti	me (vears)	November 11th., 1936. Found by
0	this occupation (month and spent in this year) occupation					Reva Layton-Reported to James Toft.
12	. BIRTHPLACE (c		Unk	nown		Other Contributory Canses of Importance: who draggedbody ashore. James Toft
ER	13. NAME	Unkn	own			reported the case to J. Phil wight
FATHER	14 RIPTHPLAC			nknown		Justice of the Peace at Preston, Md.  Name of operation
-	(State o	r country)	JWII)	LIVE ET O AA-LIT		What test confirmed diagnosis?
ER	15. MAIDEN NA	AME ]	Unknown			23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLAC (State o	E (city or to r country)	own)	Unknown		Accident, suicide, or homicide? Oate of Injury, 19
17	. INFORMANT (Address)		Phil Wr ston. M	ight 7	oroner).	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18	BURIAL, CREMA			Date NOV	11, 19 36	Manner of injury
19	UNDERTAKER (Address)	/• H•	Hollis Presto	& Son n, Md.,		24. Was disease or injury in any way related to occupation of deceased?
20	FILEDNOT	.11.,	1936.	has 13.	Lange Registrar.	(Signed) Shirldhight & F. action M. D. (Address) Besley High Council

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	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
(95)			
policy or		9	